

PRIVACY ACT RELEASE

Please return this form to the district office nearest you.

As required by the Privacy Act of 1974, I hereby authorize Congressman Don Young to obtain information from any federal government records regarding me in connection with my claim or problem.

Agency

Signature

Today's Date

Name (printed)

Telephone Number

Address (street or PO Box)

Date of Birth

City, State, Zip

Social Security Number

Borough

Other Claim Number (if applicable)

Please provide a brief explanation of your problem and what specifically you are requesting of my office.

Please include any questions you would like the agency to answer:
